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Bib Data Sheet

CONFIRMATION NO. 8336

<b>SERIAL NUMBER</b> 09/155,231	<b>FILING DATE</b> 09/23/1998 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2663	<b>ATTORNEY DOCKET NO.</b> 11902.9USWO	
<b>APPLICANTS</b> SEPPO HAMALAINEN, ESPOO, FINLAND; ANTTI LAPPETELAINEN, ESPOO, FINLAND;  <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/FI98/00043 01/21/1998  <b>** FOREIGN APPLICATIONS *****</b> FINLAND 970293 01/24/1997					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> FINLAND	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 22865					
<b>TITLE</b> POWER CONTROL METHOD OF DISCONTINUOUS TRANSMISSION					
<b>FILING FEE RECEIVED</b> 1070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

FILE NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/155,231	09/23/98	375	2734	11902.9USWO

APPLICANT SEPPO HAMALAINEN, ESPOO, FINLAND; ANTTI LAPPETELAINEN, ESPOO, FINLAND.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

None DD

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A 371 OF PCT/FI98/00043 01/21/98

Yes DD

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED FINLAND 970293 01/24/97

Yes DD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/27/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>DD</u> Examiner's Initials	FIX	5	11	1

ADDRESS  
MERCHANT GOULD SMITH EDELL  
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TITLE  
POWER CONTROL METHOD OF DISCONTINUOUS TRANSMISSION

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,070		